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PTO/SB/50 (08-00)

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231

Attorney Docket No.

TI-18913R

First Named Inventor

Marotta

Original Patent Number

6,475,846

Original Patent Issue Date
(Month/Day/Year)

11/05/2002

Express Mail Label No.

ET 952410102 US

APPLICATION FOR REISSUE OF:

(Check applicable box)



Utility Patent



Design Patent



Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?
☒ Yes ☐ No
(If Yes, check applicable box(es))
☒ Written Consent of all Assignees (PTO/SB/53)
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney (PTO/SB/96)

ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. ☐ Original U.S. Patent for surrender
☐ Ribboned Original Patent Grant
☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 U.S.C. 119) (if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration (if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. Other:

17513 U.S. PTO
10/692272

102203

15. CORRESPONDENCE ADDRESS



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Registration No. (Attorney/Agent)

39,347

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Robert N. Rountree

Date

10/21/2003

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17169 U.S. P.D.
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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) TI-18913R		
Claims as Filed - Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 10	Total Claims (37 CFR 1.16(j)) Independent claims (37 CFR 1.16(i))	(B) 65 (D) 3	**** 45 =	x \$ _____ =	or	x \$ 18 =	810	
(C) 1			• 2 =	x \$ _____ =		x \$ 84 =	168	
Basic Fee (37 CFR 1.16(h)) \$ _____							\$ 750	
Total Filing Fee \$ _____						OR	\$ 1728	
Claims as Amended - Part 2								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	*	x \$ _____ =		x \$ _____ =	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$ _____ =		x \$ _____ =	
Total Additional Fee \$ _____						OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>20-0668</u> in the amount of <u>\$ 1728</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>20-0668</u>. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>								
<u>10/21/2003</u> Date				<u>Robert N. Rountree</u> Signature of Applicant, Attorney or Agent of Record Robert N. Rountree Typed or printed name				